

For use of this form, see FM 22-100; the proponent agency is TRADOC

<b>AUTHORITY:</b>	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
<b>PRINCIPAL PURPOSE:</b>	To assist leaders in conducting and recording counseling data pertaining to subordinates.
<b>ROUTINE USES:</b>	For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
<b>DISCLOSURE:</b>	Disclosure is voluntary.

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

- Discuss with the soldier my intention to refer him/her for a mental health evaluation.
- Explain to the soldier the conduct that has led me to believe this examination is necessary.

Complete this section during or immediately subsequent to counseling.

## Notification of Commanding Officer Referral for Mental Health Evaluation (Non-Emergency)

1. Reference:
  - a. DoD Directive 6490.1, "Mental health Evaluations of Members of the Armed Forces", October 1, 1997
  - b. DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces", August 18, 1997
  - c. Section 546 of Public Law 102-484, "National Defense Authorization Act for Fiscal Year 1993", October 1992
  - d. DoD Directive 7050.6, "Military Whistleblower Protection", August 12, 1995
2. In accordance with reference (1a) through (1d), this counseling is to inform you that I am referring you for a mental health evaluation.
3. The following is a description of your behaviors and/or verbal expressions that I considered in determining the need for a mental health evaluation:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
4. a. Before making this referral, I consulted with the following mental health care provider about your recent actions.  
(Rank \_\_\_\_\_, (Name) \_\_\_\_\_, (Corp/Branch) \_\_\_\_\_, at (location) \_\_\_\_\_,  
on (date) \_\_\_\_\_. He/she concur(s) that this evaluation is warranted and appropriate.

b. Consultation with a mental health care provider prior to this referral is (was) not possible because:

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

\*\*\*\*\* PLAN OF ACTION ON CONTINUATION COUNSELING FORM - MENTAL HEALTH EVAL \*\*\*\*\*

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

\*\*\*\*\*SIGNATURES ON CONTINUATION COUNSELING FORM - MENTAL HEALTH EVAL \*\*\*\*\*

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

\*\*\*\*\*SIGNATURES ON CONTINUATION COUNSELING FORM - MENTAL HEALTH EVAL \*\*\*\*\*

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.

## DEVELOPMENTAL COUNSELING FORM

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### DATA REQUIRED BY THE PRIVACY ACT OF 1974

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**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

\*\*\*\*\* CONTINUATION COUNSELING FORM - MENTAL HEALTH EVAL \*\*\*\*\*

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

#### Key Points of Discussion:

5. Per references (4a) and (4b), you are entitled to the rights listed below:

- The right upon your request to speak with an attorney who is a member of the Armed Forces or is employed by the Department of Defense who is available for the purpose of advising you of ways which you may seek redress should you question this referral.
- The right to submit to your Service Inspector General or to the inspector General of the Department of Defense (IG, DoD) for investigation of an allegation that your mental health referral was a reprisal for making or attempting to make a lawful communication to a member of Congress, any appropriate authority in your chain of command, an IG, or a member of the DoD audit, inspection, investigation or law enforcement organization or in violation of (reference (a)), DoD Instruction (reference (b)) and/or any applicable Service regulations.
- The right to obtain a second opinion and be evaluated by a mental health care provider of your own choosing, at your own expense, if reasonable available. Such an evaluation by an independent mental health care provider shall be conducted within a reasonable period of time, usually 10 business days, and shall not delay nor substitute for an evaluation performed by a DoD mental health care provider.
- The right to communicate without restriction with an IG, attorney, Member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.
- The right, except in emergencies, to have at least two business days before the scheduled mental health evaluation to meet with an attorney, IG, Chaplain, or other appropriate party. If I believe your situation constitutes an emergency of that your condition appears potentially harmful to your well being and I judge that it is not in your best interest to delay your mental health evaluation for two business days, I shall state my reasons in writing as part of the request for mental health evaluation.
- If you are assigned to a naval vessel, deployed, or otherwise geographically isolated because of circumstances related to military duties that make compliance with any of the procedures in paragraphs (3) and (4) above impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

6. You are scheduled to meet with (Rank \_\_\_\_\_, (Name) \_\_\_\_\_, at (location) \_\_\_\_\_, on (date) \_\_\_\_\_.

7. The following authorities can assist you if you wish to question this referral:

- Military Attorney/JAG Office: Phone Number \_\_\_\_\_
- Inspector General's Office: Phone Number \_\_\_\_\_
- Other Available Resources are: \_\_\_\_\_

\_\_\_\_\_  
Commanding

### OTHER INSTRUCTIONS

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**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

- Provide the soldier with the necessary information to contest this exam should he/she wish to do so.
- Provide the soldier with the time and place for this exam.

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

I have read the counseling above and have been provided a copy.

OR

The service member declined to sign this memorandum which include's the Service Member's Statement of Rights because:

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

- Monitor soldier throughout the process.
- Provide transportation/escort to the appointment if required.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.